

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031864

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 185

STATE FILE NUMBER

FILED AUG 26 1963

VS 300 Rev. 4/59	DATE AMENDED	1	2	3	4	5	6	7	8	9	10	11	12	13
1036.5														
2 1928														
3														
4 1														
5 2														
6														
7 0														
8 0														
9 20.1														
10														
11														
12 2-0														
13 5-0														

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington		c. CITY OR TOWN St. Charles	
Length of stay in 1b 1 month		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		d. STREET ADDRESS (If outside, give location) 301 Pike	
3. NAME OF DECEASED (Type or print) First Alvena Middle Louise Last Mutert		4. DATE OF DEATH Month August Day 14 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	
11a. BIRTHPLACE (City and state or country) Marthasville Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frderick Lichtenberg		13b. MOTHER'S MAIDEN NAME Emily Mary Kuhlman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		17. INFORMANT Mrs Landon Engelage, Augusta, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Myocardial Infarction with Cardiac Decompensation. Complicated by pneumonia. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:25 a.m. p.m. Month, Day, Year Aug 14/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Washington Mo	
20g. COUNTY St. Charles		20h. STATE Mo.	
21. I attended the deceased from July 11/1963 to Aug 14/63 and last saw her alive on Aug 14/63 Death occurred at 10:25 a.m. DST on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur C. Baue		22b. ADDRESS Washington Mo	
22c. DATE SIGNED 8/14/63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 17, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Johns E. & R. Cem.	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. 8/14/63	
26. REGISTRAR'S SIGNATURE Leola C. Heidemann		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry W. Otte

Licensed Embalmer No.

3560

P. O. Address

Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.